

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Health Professional Licensing Administration (HPLA)



Board of Marriage and Family Therapy

**APPLICATION INSTRUCTIONS AND FORMS
TO PRACTICE MARRIAGE AND FAMILY THERAPY
IN THE DISTRICT OF COLUMBIA**

Your interest in becoming a Licensed Marriage and Family Therapist in the District of Columbia is welcomed. We look forward to providing you with expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. **Please be advised that giving inaccurate or incomplete information in this application can result in denial of your application and/or disciplinary action by the Board.** All fees are earned when paid, and cannot be transferred or refunded except as specified in these instructions.

This package contains the forms to apply for a Marriage and Family Therapy license in the District of Columbia. Follow the instructions provided below and complete all sections required for your application type. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form.

THE APPLICATION PROCESS

Upon submission of the required application documents, the DC Board of Marriage and Family Therapy will review your application. Upon final board approval, you will be issued a license to practice in the District of Columbia. The Board of Marriage and Family Therapy meets the first Friday of each month. Portions of these meetings are open to the public.

If you submit an application that is incomplete or otherwise deficient, HPLA's staff will notify you in writing of the deficiencies. If the Board has questions or concerns, you will also be notified.

WHERE TO FILE

Documents should be sent to the following address:

Department of Health
Health Professional Licensing Administration
Board of Marriage and Family Therapy
717 – 14th Street, NW – Suite 600
Washington, DC 20005

If you have any questions, call HPLA's Customer Service line at 877-687-8881 between 8:15 a.m. and 4:45 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures. The Board of Marriage and Family Therapy will not review any application not completed in accordance with these instructions.

APPLICATION TYPES:

There are three ways to apply for licensure. They are:

1. Examination – for those who do not currently hold an unrestricted license in Marriage and Family Therapy or an allied field the US or Canada. Licensees of other professions (e.g., licensed professional counselors or licensed social workers) use the Endorsement application type (#3).
2. Re-Examination – for those who have taken but did not pass the National Exam.
3. Endorsement – There are three sets of applicants who are eligible to apply for licensure via endorsement. They are:
 - a. applicants who currently hold an unrestricted MFT license in the US or Canada that was obtained from that jurisdiction by examination;
 - b. applicants who currently hold an unrestricted MFT license in the US or Canada that was obtained from that jurisdiction by grandparenting or waiver; and
 - c. applicants who currently hold an unrestricted license, in an Allied Field, in the US or Canada.

Please note that if you received your MFT license through a grandparenting clause and have never received an MFT license through Examination, you will need to apply via Examination.

Please be advised that your educational and experiential credentials must be substantially equivalent to those outlined in the Requirements for Licensure section (below). Please submit your application with the understanding that this is the requirement set forth by the statute. The Board understands that specific courses of study and the National Exam have not always been available.

NATIONAL EXAMINATION

Taking and passing the National Exam is the last step in the process of Licensure by Examination. All applicants for licensure by examination must have taken and received a passing score on the Association of Marital and Family Therapy Regulatory examination. A passing score on the national examination shall be a passing score as determined by the Association of Marital and Family Therapy Regulatory Boards.

Applicants must arrange for the testing service to forward scores directly to the Board of Marriage and Family Therapy.

Once the Board has found that your educational and experiential credentials meet licensure requirements, you will be sent a letter stating that you have been cleared to take the national exam and a package with details for exam registration.

The California exam is not an acceptable substitute for the National Exam. Applicants with only that exam are encouraged to apply, however. These applications will be considered on a case-by-case basis.

Once you submit your application, you have one year to take and pass the national exam. Should you not pass the exam in this time period, your application will be closed and you must begin the application process again. Should you not pass the exam the first time, you must submit an application for Licensure by Re-Examination.

SUBMITTING SUPPORTING DOCUMENTS

Pending license applications will become invalid after 90 days if the application has not been completed due to failure to submit required materials. Should the applicant wish to pursue licensure after that time, she/he must submit and pay the required fee once again.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a Marriage and Family Therapy license in the District of Columbia shall meet the following requirements:

1. Applicant must be at least 18 years of age; and

2. Applicant must not have been convicted of a crime or moral turpitude which bears directly on the applicant's fitness to be licensed; and

All applicants must submit the following in order to be considered for licensure:

3. A complete and signed application, including required supporting documents;
4. Please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Photos will be placed on the pocket license.
5. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity.

All applicants for **Licensure by Examination** must submit the following in order to be considered for licensure:

6. Official transcript(s) mailed directly from each educational institution showing proof of receipt of a master's degree or higher in Marriage and Family Therapy or related subjects from an accredited institution;
7. Completed Supplemental Information/Supervision Form;
8. Passing national exam results from the PES examination.

EDUCATIONAL REQUIREMENTS

This is a summary of the educational requirements. Applicants must have completed a graduate degree consisting of at least 60 semester hours or 90 quarter credits in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education, or a graduate degree from a regionally accredited educational institution and an equivalent course of study as approved by the board. Details are outlined in the Notice of Proposed Rulemaking document.

EXPERIENTIAL REQUIREMENTS

This is a summary of the experiential requirements. Applicants must have completed 1,500 face-to-face, supervised, post-graduate clinical hours, doing Marriage and Family Therapy with individual, couples, and families. This experience must take place over at least 2 years time. The supervision requirement is at least 300 hours, 150 of which must be individual supervision and 200 of which must be by a "general supervisor," which is an AAMFT Approved Supervisor. Individual supervision means 1 or 2 supervisees per supervisor. And a clinical or supervision hour is 50-60 minutes. Details are outlined in the Notice of Proposed Rulemaking document.

CONTINUING EDUCATION REQUIREMENTS

This is a summary of the continuing education requirements. Note that continuing education is not required during the initial licensure period, only for license renewals. Applicants must have completed thirty (30) hours of continuing education per each 2-year licensure period completed. Six (6) of the thirty (30) must be in ethics. Fifteen (15) of the thirty (30) must be completed in the physical presence of the sponsor. Details are outlined in the Notice of Proposed Rulemaking document.

REQUIREMENTS FOR FOREIGN EDUCATED APPLICANTS

The Board may grant a license to practice Marriage and Family Therapy to an applicant who completed an educational program in a college or university in a foreign country which is not accredited. Details are outlined in Section 5104 of the Notice of Proposed Rulemaking document.

PROCESS FOR APPLICANTS APPLYING BY ENDORSEMENT

1. Ensure that your existing license is unrestricted.
2. Obtain and submit a statement of good standing and requirements for licensure (at the time you became licensed) from the jurisdiction(s) where you are currently licensed.
3. Complete and submit all application materials to the Board
4. Await information from the Board.

PROCESS FOR APPLICANTS APPLYING BY EXAMINATION

1. Ensure that you meet all educational and experiential requirements (above)
2. Complete and submit all application materials to the board.
3. Upon approval of your licensure application, you will receive a letter from the Board stating your approval to take the National Exam. With that letter, you will receive a package containing information on scheduling your examination date.
4. Await letter from the Board stating that you have passed the National Exam and are licensed. At that time, you will receive your license in the mail.

PROCESS FOR APPLICANTS APPLYING BY RE-EXAMINATION

1. Apply for re-examination through the Professional Examination Service.
2. Have your scores sent directly to the DC Board of Marriage and Family Therapy.
3. Submit a re-examination application to the District of Columbia, and pay the \$65 DC re-examination fee.

COMPLETING THE LICENSE APPLICATION

Section 1. Requested License Type / Fees

Select which method for becoming licensed is appropriate for you. The methods are outlined in the Instructions (above).

You may order up to five (5) duplicate licenses (for a \$26 fee each, etc.). Mark the “duplicate licenses” box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.

Total your fees.

You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to Promissor, Inc. and submitted with your license application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee portions of each application method are listed below:

FEE MATRIX

License Type	Application Method	Application Fee	License Fee	Total Due
MFT	Examination	\$65	\$111	\$176
MFT	Re-examination	\$65	-----	\$65
MFT	Endorsement	\$65	\$111	\$176

*The **Total Due** amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).

DC Marriage and Family Therapy licenses expire on March 31 of even numbered years. **Your initial license will be valid for the balance of the current renewal cycle.** You will be mailed a renewal notice (to your preferred contact address) approximately three (3) months before the expiration of your license/certification. Upon completion of the renewal questionnaire and payment of the renewal fee, your license will be renewed for a two-year period. The Board requires 30 hours of approved Continuing Educational (CE), during a two-year period preceding the date the license expires, for renewal. Renewal is also available online at www.dchealth.dc.gov. You should know that you are required by regulation to report all changes of your business or residence address to DOH/HPLA, Board of Marriage and Family Therapy. HPLA will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to DOH/HPLA, Board of Marriage and Family Therapy at the address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

Section 2. Applicant Name / Demographic Information

Enter your legal name exactly as it should appear on the license.

Section 2A. Previous Names

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

Sections 3A. & B. Home Address / Business Address

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address should also be provided.

Section 3C. Preferred Mailing Address

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed. Indicate if you prefer to use email where possible – and provide an email address for this communication.

Section 4. Professional Schools Attended

List all schools that you have attended in reverse chronological order, beginning with the most recent at the top.

All applicants must demonstrate educational qualifications by arranging for the educational institution from which the applicant received a degree to send an official transcript to the applicant. The applicant should then submit the transcript in the original sealed envelope with the license application. Some universities' policies may require sending the transcript directly to the Board of Marriage and Family Therapy, but it is preferred that it accompany the license application.

Section 5. Postgraduate Experience

List all experience since graduation from professional school in reverse chronological order, beginning with the most recent at the top.

Section 6A. Professional Licenses in Other States / Jurisdictions

List all jurisdictions in which you have ever been licensed.

If you are licensed in another jurisdiction, a statement of good standing must be submitted directly to the DC Board of Marriage and Family Therapy by the applicable state boards.

Section 6B. Supporting Documents Required

The required supporting documents are listed in this section. Place an "X" in the "YES" box for each item you have included with your application package **or** requested to be sent under separate cover to DOH/HPLA, Board of Marriage and Family Therapy.

Place an "X" in the "NO" box for each item that does not apply for the license type for which you are applying. Keep a photocopy of all supporting documents (that are not in sealed envelopes) for your records.

Section 7. Screening Questions

If you answer "no" to question A or "yes" to questions B through J, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

Section 8. Licensee Affidavit

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit HPLA's website at www.dchealth.dc.gov or call HPLA's Customer Service at 877-687-8881. The forms the make up this package are:

Marriage and Family Therapy, Municipal Regulations
Marriage and Family Therapy, New License Application
Marriage and Family Therapy, New License Instructions
Supervision Form
Supplemental Form

SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure requirements for all application methods. The law governing Marriage and Family Therapy licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing Marriage and Family Therapy licensure are included in *DC Municipal Regulations Title 17, Chapter 66*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health – Health Professional Licensing Administration, Board of Marriage and Family Therapy if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

SUMMARY OF MARRIAGE AND FAMILY THERAPY LICENSURE REQUIREMENTS

License Type	Application Method	Signed Application for License	Two 2" x 2" Photos	Official Transcript	National Exam Results	Supervision Form	Supplemental Form	Verification of Licensure	Check or Money Order
MFT	Examination	X	X	X	X	X	X	O	\$176
MFT	Re-examination	X	X	O	X	O	X	O	\$65
MFT	Endorsement	X	X	O	O	O	X	X	\$176

X = Required

O = Not required

DEFINITIONS

General supervision means supervision in which the supervisor is available to the supervisee either in person or by a communications device.

Immediate supervision means supervision in which the supervisor is physically present with the supervisee and either discussing or observing the supervisee's practice.

Practice of Marriage and Family Therapy means engaging in counseling activities, for compensation, by a person who represents by title or description of services, that he or she is a "professional counselor" or licensed professional counselor", and includes the process of: (a) conducting assessments for the purpose of determining treatment goals and objectives; (b) assisting clients through a professional relationship to achieve effective mental, emotional, physical, social, educational, and/or career development and adjustment throughout the life span; and (c) using counseling treatment interventions to facilitate human development and to identify and remedial mental, emotional, or behavioral conditions and associated difficulties which interfere with functional wellness.

Student means an individual who is enrolled in an academic program.

Unrestricted License means licensee is considered "in good standing" by the jurisdiction and is not currently under any suspension or penalty or investigation.

THERE IS NO GRANDPARENTING OR WAVIER FOR MFT LICENSURE.

Government of the District of Columbia
Department of Health
Health Professional Licensing Administration



Board of Marriage and Family Therapy

SUPPLEMENTAL INFORMATION FORM

TO BE COMPLETED BY ALL APPLICANTS

Name: _____

Address: _____

Have you ever been censured or judged guilty of any unethical practices by a state or private license, certification board, or a professional organization of which you were a member? ☐ Yes ☐ No

If yes, explain below:

Government of the District of Columbia
Department of Health
Health Professional Licensing Administration



**BOARD OF MARRIAGE AND FAMILY THERAPY
SUPERVISION FORM**

DIRECTIONS TO THE APPLICANT

Complete the following information. If additional forms are required, make duplicates of this form. After your supervisor has completed his/her portion of this form, it must be returned to you and included in your application package.

Name of Applicant (please print) _____

DIRECTIONS TO THE SUPERVISOR

This form should be completed in ink and returned to the applicant for inclusion with his/her application form. ALL items must be filled in or the applicant's application will not qualify.

I, _____, certify that I supervised
(supervisor)

_____ in the practice of marriage and family therapy
(applicant)

at _____
(agency or organization)

from ____/____/____ to ____/____/____
(date) (date)

This applicant worked a minimum of _____ hours per week at the above agency for the stated time period.

I provided a total of _____ hours of general supervision.

I provided a total of _____ hours of immediate supervision.

Title of Applicant's position: _____

Applicant's duties and responsibilities: _____

Was the applicant's performance satisfactory or better? Yes (____) No (____)

I certify that I provided the supervision described above and that it is a true and accurate representation of this supervision.

THE BOARD ASSUMES THAT YOU, IN CERTIFYING THIS APPLICANT'S EXPERIENCE, ARE WILLING TO INTEREST OR SUBSTANTIATE THE INFORMATION PROVIDED SHOULD THE BOARD NEED CLARIFICATION AT A LATER DATE.

Signature of Supervisor

Date

Address of Agency/Organization

Address of Supervisor

City/State/Zip Code

Telephone Number